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severe elevation (aOR 2.19 [CI 0.95 – 5.44];  $p = 0.08$ ). Furthermore, only the mild HbA1c elevation group was at increased risk for severe COVID-19 infection (aOR 1.88 [CI 1.06 – 3.38];  $p < 0.05$ ). Those with intermediate (aOR 1.77 [CI 0.94 – 3.33];  $p = 0.08$ ) or severe (aOR 1.57 [CI 0.92 – 2.70];  $p = 0.10$ ) HbA1c elevation were not at higher risk for severe COVID-19 infection.

When comparing other 60-day outcomes, there was no difference between the glycemic groups in MACE, life-threatening arrhythmia, deep venous thrombosis, acute renal failure requiring renal replacement therapy, and pulmonary embolism (Table 1).

**Discussion:** In our cohort, patients with DM with an HbA1c of 6.5 – 8.4 were at increased risk of 60-day mortality, while those with an HbA1c of 6.5 – 7.4 were at an increased risk of severe COVID-19 infection.

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#### IDF21-0320

##### Mortality and severity among Covid-19 patients who already vaccinated with inactivated Covid-19 vaccine

D.V. Tanod, A. Abdurrahmanto

Muhammadiyah Palangkaraya Hospital, Internal Medicine, Palangkaraya, Indonesia

**Background:** The corona virus disease 2019 (COVID-19) pandemic has caused a sudden significant increase in hospitalizations for pneumonia with multiorgan disease. COVID-19 is caused by the novel severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). SARS CoV-2 infection may be asymptomatic or it may cause a wide spectrum of symptoms, such as mild symptoms of upper respiratory tract infection and life-threatening sepsis. Vaccination is one of the ways to reduce severe symptoms of COVID-19 and have proven to be safe, effective and life-saving. Studies show that COVID-19 vaccines are effective at keeping people from getting COVID-19 also help keep from getting seriously ill even if they do get COVID-19. Like all vaccines, they do not fully protect everyone who is vaccinated.

**Aim:** This study aims to determine the clinical description of the severity and mortality rate of COVID-19 patient who is treated in an isolation room Muhammadiyah Palangkaraya hospital and has received one or two shots of the inactivated COVID-19 vaccine.

**Method:** This was a retrospective observational study conducted at a COVID-19 referral hospital. We reviewed all the data taken from the electronic health records of the hospital from June 2021 to August 2021. In this research, there are 38 patients who already vaccinated one or two shots with inactivated COVID-19 vaccine.

**Results:** From this study we found 38 patients consist of 19 (50%) females, 19 (50%) males. The age range was 22 to 78 years old; the mean age was 46,57. There are 16 (42,10%) with comorbid disease and 22 (57,89%) with no comorbid. Patients with one shot vaccine 14 (36,80%) and two shots 24 (63,20%). The severity with mild symptom 15 (39,50%) and severe symptom 23 (60,50%). Mortality has been estimated at 2,60% (1 female patient).

**Discussion:** From this study we found all the COVID-19 patients who were treated in the isolation room Muhammadiyah Palangkaraya hospital already vaccinated with inactivated COVID-19 vaccine. They who already received two doses 63,20%

and 57,89% have comorbid diseases consist of heart failure 13,63%; diabetic 4,54%; hypertension 18,18%; hyperthyroid 4,54%; obesity 31,81%. The severity with severe symptoms still high 60,50% but the mortality was low 2,60%. The COVID-19 patients still have high severe symptoms regardless of one or two doses vaccinated with inactivated COVID-19 vaccine but the mortality was low.

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#### IDF21-0331

##### Diabetes care to Palestine Refugees during COVID 19 pandemic Y. Shahin

United Nations Relief and Works Agency UNRWA, Health, Amman, Jordan

**Background:** United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) was established in 1949 and has delivered health care services for over 70 years. The epidemiological transition in disease burden is changing the context in which UNRWA's health programme operates and poses new challenges that require new ways of providing health services. Hypertension and diabetes are two major health problems for Palestine refugees. UNRWA has been providing diabetes and hypertension care since 1992 in its primary health care centres. Of late, through a structured process of care delivery the UNRWA health system is making significant strides in addressing diabetes and hypertension. Given that most developing countries either have no or only rudimentary services for diabetes and hypertension at the primary care level and may face similar resource and capacity constraints, UNRWA's efforts can serve as a model and inspiration to set up similar initiatives.

**Aim:** Provision of needed medicines to patients with diabetes at home and vaccination of patients against COVID 19 in close coordination and cooperation of host countries.

**Method:** Deliver of medicines and vaccination to targeted patients with Diabetes as below

Since COVID 19 pandemic started UNRWA, Health department developed its emergency plan to continue delivering diabetes care to more than 156,000 as detailed below

Morbidity type	Jordan	Lebanon	Syria	Gaza	West Bank	All
Diabetes mellitus type I	1,162	273	407	1,392	645	3,879
Diabetes mellitus type II	11,605	3,152	3,525	14,152	6,264	38,698
Diabetes with hypertension	35,857	10,988	12,383	34,633	20,077	113,938
Total	48,624	14,413	16,315	50,177	26,986	156,515

**Results:** Deliver of medicines to all patients at home during lockdown and closures and ensure all safety measures and minimizing the risk for getting the COVID 19. This was accomplished with help of UNRWA staff, community members and volunteers, almost all patients received their medicines during early time of pandemic.

From other side once vaccination was available UNRWA with cooperation of Ministries of Health in hosting authorities started vaccination of patients with Diabetes considering them within the vulnerable groups.

**Discussion:** UNRWA health programme managed to ensure continued services during COVID 19 pandemic by delivery of medicines to patients with diabetes in its five areas of. UNRWA with cooperation of Ministries of Health in hosting authorities provided vaccination to patients with Diabetes considering them within the vulnerable groups. through organized work with different stakeholders UNRWA ensured continued care of patients with diabetes during COVID 19.

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#### IDF21-0340

##### Challenges Faced by Patients in Diabetes Care and Management in the Philippines During the COVID-19 Pandemic

C.J. Quinto, J.M. Pamittan, C.A. Paraguison, M.J. Peralta, H.M. Perido

University of Santo Tomas, Faculty of Pharmacy - Department of Medical Technology, Manila, Philippines

**Background:** Diabetes is a chronic metabolic disease defined by high blood glucose levels (hyperglycemia), which is still a public health concern in the Philippines. The COVID-19 virus, caused by the SARS-CoV-2 which was first reported in China has rapidly spread in almost all countries around the world, becoming a major global health issue. Patients with underlying medical conditions such as diabetes, are mostly likely to develop the severe form of COVID-19. The COVID-19 outbreak caused people to feel fear and worry, therefore, this research study focused on the challenges faced by patients in undergoing diabetes care and management amidst the COVID-19 pandemic.

**Aim:** The specific objectives of the study were the following:

1. To determine the socio-demographic profile of diabetic patients in the Philippines
2. To determine the self-assessed status of diabetes care and management during the COVID-19 pandemic
3. To determine the challenges faced by these patients on diabetes care and management during the COVID-19 pandemic
4. To determine if the patients' status on diabetes care and management is affected by their profile and challenges they faced during the COVID-19 pandemic

**Method:** The research study was conducted through an online survey questionnaire that was administered to three hundred eighty (380) diabetic patients aged 18-59 years old, living in NCR during the COVID-19 pandemic. The patients' status of diabetes care and management during the COVID-19 pandemic, challenges faced by these patients on their diabetes care and management during the pandemic, and the relationship between the patients' profile and challenges faced, and their status on diabetes care and management were considered as variables. All data gathered were analyzed through Microsoft Excel using frequency and percentage.

**Results:** The results showed that there are more female diabetic patients than male. Most of the patients were reported to be employed and working from home. Low gross monthly income

was reported among the patients as a consequence of the COVID-19 pandemic. Unstable blood glucose readings and ineffective status of diabetes care and management were reported by most of the patients. Fear of contamination, supply issues, and not being able to leave the house because of high risk were the top three (3) challenges faced by the patients. Based on the findings, the profile and challenges faced by the patients have a significant effect on the patients' status on diabetes care and management.

**Discussion:** In conclusion, the patients faced challenges accessing diabetes care and management during the COVID-19 pandemic which led to poor or ineffective diabetes management. Expanding the study to other regions of the country is recommended since this study is only focused in NCR. It is also recommended that the government focuses on the innovation, virtualization, and digitalization in healthcare to address gaps such as access of patients to health services. Moreover, it is suggested that the incidence of diabetes be reduced through interventions that promote people's health and quality of life.

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##### Covid19 toe, a late manifestation of mild SARS-CoV-2 with Diabetes

R. Jain<sup>a</sup>, V. Seshiah<sup>b</sup>, N. Bhavatharini<sup>c</sup>, R. Shoghli<sup>d</sup>, R. Jain<sup>e</sup>, S. Davey<sup>f</sup>, N. Bhavatharini<sup>g</sup>, T. Mohammadabadi<sup>h</sup>

<sup>a</sup>Jain hospital and Research Centre Pvt Ltd, Medicine, Kanpur, India

<sup>b</sup>Dr V Balaji Dr V Seshiah Diabetes Care and Research Institute, Diabetology, Chennai, India

<sup>c</sup>SRC diabetes Centre, Diabetology, Erode, Tamil Nadu 638001, India

<sup>d</sup>Teheran heart centre, Diabetes, Teheran, Iran

<sup>e</sup>Jain hospital and Research Centre Pvt Ltd, Obstetrics and Gynecology, Kanpur, India

<sup>f</sup>Saharanpur Govt Medical College, Community Medicine, Saharanpur, India

<sup>g</sup>SRC diabetes Centre, Diabetology, Erode, India

<sup>h</sup>Faculty of Animal Science and Food Technology Agricultural Sciences and Natural Resources University, Food Technology, Khuzestan, Iran

**Background:** SARS-CoV-2 may present with symptoms, coughing, fever, weakness, and breathlessness. Other common symptoms are discoloring skin, rashes or toes color changes, swelling, present with pain, and some individuals without pain.

Some researchers think that these rashes are due to respiratory tract infection, which invades the peripheral skin. It has no relation with the Raynaud phenomena because of the periphery's coldness, stress, or ischemia and low blood supply to a region affected.

**Aim:** No all the Patients with Covid-19 toes are favorable for the Covid-19 testing, and some develop covid-19 toes after the symptoms of covid-19 have subsided; therefore, it grows in the different stages of covid-19 infection and not necessarily reflected inactive phases of the covid-19 disease.

On the other hand, many patients with Covid-19 toes do not have severe symptoms but mild congestion and fever at a younger age, leading to kolviras et al. to propose a mechanism for antiviral response mediated by more immature immune cells.